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CONFIRMATION NO. 6054

<b>SERIAL NUMBER</b> 10/813,838	<b>FILING OR 371(c) DATE</b> 03/31/2004 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2163	<b>ATTORNEY DOCKET NO.</b> 24207-10112
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None *me*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *me*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS <i>43</i> 46	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>me</i>				

## ADDRESS

62296

## TITLE

Methods and systems for processing contact information

<b>FILING FEE RECEIVED</b> 1514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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